County: Sheboygan
SHEBOYGAN COMPREHENSIVE HEALTH CENTER - IMD
N3790 COUNTY ROAD VN
SHEBOYGAN FALLS 53085 Phone: (920) 467-4648
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 101
Total Licensed Bed Capacity (12/31/00): 128
Number of Residents on 12/31/00: 75 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled - IMD No No Average Daily Census: 78 *******************************

| Services Provided to Non-Residents | Age, Sex, and Primary Diagn | Length of Stay (12/31/00) | % | | | | |
|---|-----------------------------|--|----------------|-------------------------------|------------------|--|-------------------------|
| Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services | No No No | Primary Diagnosis Developmental Disabilities | % 0. 0 | Age Groups Under 65 | 40. 0 | Less Than 1 Year 1 - 4 Years More Than 4 Years | 30. 7 26. 7 42. 7 |
| Day Services Respite Care | No No | Mental Illness (Org./Psy) Mental Illness (Other) | 16. 0 84. 0 | 65 - 74 75 - 84 | 25. 3 22. 7 | | 100. 0 |
| Adult Day Care Adult Day Health Care | No No | Al cohol & Other Drug Ábuse Para-, Quadra-, Hemi pl egi c | 0. 0 0. 0 | 85 - 94 95 & 0ver | 12. 0 0. 0 | ************************************** | :********* It |
| Congregate Meals Home Delivered Meals | No No | Cancer Fractures | 0. 0 0. 0 | | 100. 0 | Nursing Staff per 100 Re (12/31/00) | esi dents |
| Other Meals Transportation | No No | Cardi ovascul ar Cerebrovascul ar | 0. 0 0. 0 | 65 & 0ver | 60. 0 | RNs | 11. 2 |
| Referral Service Other Services | No No | Di abetes Respi ratory | 0. 0 0. 0 | Sex | % | LPNs Nursing Assistants | 12. 9 |
| Provi de Day Programming for Mentally Ill | Yes | Other Medical Conditions | 0.0 | Male Female | 45. 3 54. 7 | Aides & Orderlies | 58. 9 |
| Provi de Day Programming for | | | 100. 0 | Гешаге | | | |
| Developmentally Disabled ************************************ | Yes | ************ | ***** | ******** | 100. 0 ****** | ************ | ****** |

Method of Reimbursement

| | Medicare (Title 18) | | | (| Medicaid (Title 19) | | | 0ther | | | Private Pay | | | Manageo | d Care | Percent | |
|---------------------|------------------------|------|------------------|-------------|------------------------|----------|-------------|-------|----------------|----|-------------|----------|-----|----------------|--------|---------|------------|
| | | | Per Di em Per Di | | | Per Die | em Per Diem | | | n | Per Diem | | | Per Diem Total | | | Of All |
| Level of Care | No. | % | Rate | No. | % | Rate | No | . % | Rate | No | . % | Rate | No. | % | Rate | No. | Resi dents |
| Int. Skilled Care | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0% |
| Skilled Care | Ŏ | 0. 0 | \$0.00 | 29 | 82. 9 | \$100.79 | 28 | 84. 8 | \$164.94 | 5 | 71. 4 | \$156.50 | Ŏ | 0. 0 | \$0.00 | 62 | 82. 7% |
| Intermediate | | | | 6 | 17. 1 | \$84. 44 | 5 | 15. 2 | \$164.94 | 2 | 28. 6 | \$156.50 | 0 | 0. 0 | \$0.00 | 13 | 17. 3% |
| Limited Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Dev. Di sabl ed | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Traumatic Brain Inj | | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Ventilator-Depender | nt 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Total | 0 | 0. 0 | | 35 1 | 100.0 | | 33 | 100.0 | | 7 | 100.0 | | 0 | 0.0 | | 75 | 100.0% |

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Resi dents Dependent Private Home/With Home Health 0.0 Bathi ng 34. 7 58.7 6. 7 75 75 75 75 Other Nursing Homes 1.9 Dressing 50. 7 44. 0 5.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 68. 0 3.8 26. 7 5.3 30.7 92. 5 Toilet Use 62. 7 6. 7 0.0 Eating 84.0 9.3 6.7 75 Other Locations ***** 1.9 Total Number of Admissions Continence Special Treatments 53 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 1.3 Private Home/No Home Health 29.7 Occ/Freq. Incontinent of Bladder 33. 3 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 16.0 0.0 Other Nursing Homes 4. 7 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 12.5 Mobility 0.0 Physically Restrained 25.0 10.7 37. 3 0.0 Other Locations 7.8 Skin Care Other Resident Characteristics 20. 3 1.3 Deaths With Pressure Sores Have Advance Directives 48.0 Total Number of Discharges With Rashes 9.3 Medi cati ons (Including Deaths) Receiving Psychoactive Drugs 97.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| | | | | | | 4-4-4-4-4-4-4-4-4-4 | | | |
|--|----------|--------------|----------|--------|-----------|---------------------|---------|-------------------|-------|
| | | 0wn | ershi p: | Bed | Bed Size: | | ensure: | | |
| | Thi s | | ernment | 100- | - 199 | Ski l | led | All Facilities | |
| | Facility | | Group | | Group | | Group | | |
| | % | % | Ratio | % | Ratio | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 60. 9 | 82. 7 | 0.74 | 83. 6 | 0. 73 | 84. 1 | 0. 72 | 84. 5 | 0. 72 |
| Current Residents from In-County | 84. 0 | 85. 7 | 0. 98 | 86. 1 | 0. 98 | 83. 5 | 1. 01 | 77. 5 | 1.08 |
| Admissions from In-County, Still Residing | 37. 7 | 34. 4 | 1. 10 | 22. 5 | 1.68 | 22. 9 | 1.65 | 21. 5 | 1.75 |
| Admissions/Average Daily Census | 67. 9 | 67. 7 | 1. 00 | 144. 6 | 0.47 | 134. 3 | 0. 51 | 124. 3 | 0. 55 |
| Di scharges/Average Daily Census | 82. 1 | 72. 5 | 1. 13 | 146. 1 | 0. 56 | 135. 6 | 0. 60 | 126. 1 | 0. 65 |
| Discharges To Private Residence/Average Daily Census | 24. 4 | 23. 7 | 1.03 | 56. 1 | 0.43 | 53. 6 | 0. 45 | 49. 9 | 0.49 |
| Residents Receiving Skilled Care | 82. 7 | 83. 9 | 0. 99 | 91. 5 | 0. 90 | 90. 1 | 0. 92 | 83. 3 | 0. 99 |
| Residents Aged 65 and Older | 60. 0 | 83. 5 | 0. 72 | 92. 9 | 0. 65 | 92. 7 | 0. 65 | 87. 7 | 0.68 |
| Title 19 (Medicaid) Funded Residents | 46. 7 | 77. 2 | 0. 60 | 63. 9 | 0. 73 | 63. 5 | 0. 73 | 69. 0 | 0. 68 |
| Private Pay Funded Residents | 9. 3 | 17. 9 | 0. 52 | 24. 5 | 0. 38 | 27. 0 | 0. 35 | 22. 6 | 0.41 |
| Developmentally Disabled Residents | 0. 0 | 3. 4 | 0.00 | 0. 8 | 0.00 | 1. 3 | 0.00 | 7. 6 | 0.00 |
| Mentally Ill Residents | 100 | 56. 6 | 1.77 | 36. 0 | 2. 78 | 37. 3 | 2. 68 | 33. 3 | 3.00 |
| General Medical Service Residents | 0.0 | 14. 3 | 0.00 | 21. 1 | 0.00 | 19. 2 | 0.00 | 18. 4 | 0.00 |
| Impaired ADL (Mean) | 23. 5 | 50.8 | 0.46 | 50. 5 | 0.47 | 49. 7 | 0.47 | 49. 4 | 0.48 |
| Psychological Problems | 97. 3 | 61. 2 | 1. 59 | 49. 4 | 1. 97 | 50. 7 | 1. 92 | 50. 1 | 1.94 |
| Nursing Care Required (Mean) | 6. 2 | 6. 6 | 0. 93 | 6. 2 | 1.00 | 6. 4 | 0. 96 | 7. 2 | 0.86 |